Name in Full Matthew Anderson

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1898 Month Nov Day 1 Age Y. 52 M. D. Native of Scotland Occupation Miner

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 10

Husband of Wife

Father's Name John Anderson Mother's Name Agnes Hamilton

Cause of Death Primary Bright's Disease How long sick One years

Immediate Uraemic Convulsions, lasting [illegible] ~~Accident, Suicide, Homicide~~

Reported by W. D. Shilling

Address Lonaconing,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Johnathon J Baker

Died at Town Barton County Allegany MARYLAND

Date 1898 Month Nov Day 18 Age Y. 65 M. 7 D. 11 Native of Penna Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Sarah Hiner

Father's Name John Baker Mother's Name Mary Albright

Cause of Death: Primary Chronic Bright's Disease — How long sick

Immediate Bronchitis 97 — Accident, Suicide, Homicide

Reported by S. A. Boucher

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Louisa Bankard

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 F Month 11 Day 6 | Age Y. 38 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Scott Bankard

Father's Name | Mother's Name

Cause of Death: Primary Cancer 25 F | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cumberland Coroner

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70705

Reformed Ch. Corrigansville

Name in Full: John, Bishop,

Certificate of Death

Died at Town: Cum W. County: Alleg. MARYLAND

Date 189 8 Month 11 Day 25 Age Y. 68 M. – D. – Native of England Occupation Blk Smith

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband of Wife

Father's Name

Mother's Name 83

Cause of Death: Primary Diarrhoea

Immediate Laceration of bowel shock

How long sick 4 mos

Accident, ~~Suicide~~, ~~Homicide~~

Reported by C. H. Brace

Address Cumbd Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catharine Boyle

Certificate of Death

Died at Town Midland County Allegany MARYLAND

Date 1898 Month Nov Day 5 | Age Y. 31 M. 5 D. | Native of England | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~ Wife of Wm Ornara

Father's Name Bernard Boyle

Mother's Name Susan Healey

Cause of Death: Primary Childbirth 119a — How long sick Four days

Immediate Puerpal Sceptic aemia — Accident, Suicide, Homicide

Reported by A G Smith M.D.

Address Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Charles R. Burke

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 189 — Month: 11 - 2 — Day: F — Age: Y. 23 M. D. — Native of: 1 — Occupation: 2nd Lt. Va. Col.

Male / ~~Female~~ — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

Husband / Wife of: Ivy Jones

Father's Name: 1 — Mother's Name: 51

Cause of Death — Primary: Overdose of Laudanum — Immediate: — How long sick:

Accident, Suicide, Homicide: Election

Reported by: ~~Coroner~~ Dem.

Address: Cumberland Chronicle — 11 - ~~12~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full Jean Brown

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1898 Month Nov. Day 4 Age Y. — M. — D. 16 Native of Lonaconing Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name John Gibson Brown Mother's Name Mary Wilkie -

Cause of Death Primary Undersize & Feble at birth How long sick 3 days

Immediate Convulsions 49 Accident, Suicide, Homicide

Reported by James O. Bullock M.D.

Address Lonaconing Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John N Carson

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Month Nov Day 7 Age Y. 66 M. D. Native of Md Occupation Plasterer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5 or 6

Husband of Wife Mrs J N Carson

Father's Name

Mother's Name

Cause of Death Primary Cerebral Hemorrhage How long sick 3 days

Immediate

Accident, Suicide, Homicide

Reported by A B Price

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65888

Name in Full John N. Carson

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Month 11 Day 6 Age Y. 67 M. D. Native of Harford Co. Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Paralysis 44 How long sick

Immediate Accident, Suicide, Homicide

Reported by Courier Cumberland

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

+ Dr. A. B. Price
+ Gehauf & Mayer, T.D.

Name in Full: Bertie Hitchcock Charles

Certificate of Death

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 1898 — Month: Nov — Day: 11 | Age — Y.: 30 — M.: 1 — D.: 13 | Native of: W Va | Occupation: N.S.

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 1

~~Husband~~ Wife of Albert Charles.

Father's Name: L. D. Hitchcock — Mother's Name: Lydia Humbird

Cause of Death — Primary: General Tuberculosis. — How long sick: 6 Months

Immediate: Exhaustion. 22 f — ~~Accident, Suicide~~, ~~Homicide~~

Reported by: H. B. Miller

Address: Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

# Certificate of Death

John Connelly

Died at Town Cumberland County Allegheny MARYLAND

Date 189 8 Month 1 Day 21 | Age Y. 5 M. - D. - | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ | Number of children living 1

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Independent 11-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full John M. Connor

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1898 Month November Day 13 | Age Y. 43 M. 4 D. 18 | Native of Allegany Co | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

~~Wife~~ Husband of Annie E Burridge

Father's Name John Connor | Mother's Name Sarah Maine

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 2 years 10 mos

Immediate 229 | Accident, Suicide, Homicide

Reported by James A. Bullock MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth Cross

Died at Town: Barton County: Allegany MARYLAND

Date 189 8 Month: Nov Day: 6

Age Y. 1 M. 9 D. 6

Native of Barton

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 7

~~Husband~~ ~~Wife~~ of

Father's Name John Cross

Mother's Name Mary R. Gowan

Cause of Death: Primary Gastro Enteritis 8 2

Immediate Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by L. H. Boucher

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85988

Name in Full Walter A. Forbeck

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Nov Day 28 Age Y. 7 M. 4 D. – Native of Cumberland Md Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Frank Forbeck

Mother's Name —

Cause of Death Primary Meningitis 399

Immediate Exhaustion

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by E. T. Duke M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Harriett Mary Goodyear

Died at Town: Cumberland County: Allegany MARYLAND

Date 1898 Month: Nov Day: 28 | Age Y. 41. M. 3 D. | Native of: England | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of John M Goodyear 22a

Father's Name James Hough | Mother's Name Elizabeth Hough

Cause of Death: Primary Phthisis Pulmonalis | How long sick 2 1/2 years

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J Jones Wilson

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hiram H. Hardiner

Died at Cumberland (Town) Alleghany (County) MARYLAND

Date 189 X | Month 11 | Day 24 | Age Y. 5 M. 7 D. 16 17 | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier 12-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Hart

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Nov Day 24 | Age Y. M. D. Still Birth. | Native of — | Occupation —

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced ~~Number of children living~~

Husband ~~of~~ Wife

Father's Name Geo Hart.

Mother's Name Maggie Higgins

Cause of Death: Primary Complete ossification of Sutures & Fontanelles.

Immediate Dont know.

~~How long sick~~

~~Accident, Suicide, Homicide~~

Still

Reported by H B Miller

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968

Name in Full — Certificate of Death

John Hartsock

Died at Town: Flintstone Creek — County: Allegany — MARYLAND

Date 189 8 — Month 11 — Day 10 — Age Y. 85 M. 7 D. — Native of Pa — Occupation

Male — White — Married — ~~Widow~~ Widower — Divorced

~~Female~~ — ~~Colored~~ — ~~Single~~ — Number of children living 7

Husband / Wife of

Father's Name: Frederick Hartsock — Mother's Name: /

Cause of Death — Primary — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Cumberland Independent

Address: 11-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mollie Hirshman

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 8 Month: 11 Day: 26 Age: Y. 31 M. D. Native of Occupation

~~Male~~ Female ~~White~~ ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary: Heart disease 5-7 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Independent 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Edith Virginia Hutzler

Certificate of Death

Died at Town: Cumberland County: Allegany

MARYLAND

Date 1898 Month: Nov Day: 27 Age Y. 11 M. 2 D. 29 Native of: Md Occupation: School Girl

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John Hutzler Mother's Name: Clarissa Hutzler

Cause of Death: Primary: Diphtheria 8a How long sick

Immediate: Paralysis of Heart ~~Accident, Suicide, Homicide~~

Reported by: [illegible]

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Homer L. Inglis

Died at Town: Cumberland County: Allegany MARYLAND

Date 1898 Month: November Day: 20th Age Y. 28 M. D. Native of: Pa. Occupation: Labor

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband / Wife of

Father's Name: Hamilton C. Inglis

Mother's Name: Rebecca Loughery / Rebecca Inglis

Cause of Death: Primary: Bright's Disease 97 — How long sick: 6 months

Immediate: Oedema of Lungs + Pericardial dropsy — ~~Accident, Suicide, Homicide~~

Reported by: H. W. Hodgson M.D. / A. W. Fockman M.D.

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William Lester Innes

Certificate of Death

Town

County

Died at Allegany MARYLAND

Date 1898 Month 11 Day 12 Age Y. 13 M. 4 D. 17 Native of Maryland Occupation School

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of Wife

Father's Name Milton Innes

Mother's Name Marcella Zimerle

Cause of Death { Primary Typhoid fever / Immediate Exhaustion

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by W. J. Craigen

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full — Baby McHugh — Certificate of Death

Died at — Town: Lonaconing — County: Allegany — MARYLAND

Date 189 8 — Month: Nov. — Day: 29 — Y. M. D. — Native of: Md. — Occupation: —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ — Number of children living ~~—~~

Husband / Wife of —

Father's Name: Michael McHugh — Mother's Name: Katharine Flynn

Cause of Death — Primary: Still birth — How long sick —

Immediate. — ~~Accident, Suicide, Homicide~~

Reported by: M. Gibson Porter

Address: Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jannie ~~Samuel~~ Mears

Certificate of Death

Died ~~in~~ near Frostburg Town County Allegheny MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 8 11 9 Age

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Mining Journal 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

+ T. Griffith;
+ C. F. Hackett, F.B.

Name in Full

Certificate of Death

Mary Ann Mossman,

Died at Town: Cumberland County: Allegany, MARYLAND

Date 1898 Month: Nov Day: 8 | Age Y. 37, M. D. | Native of Md | Occupation Housekeeper

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | ~~Divorced~~ | Number of children living 5.

~~Husband~~ Wife of John F. Mossman.

Father's Name James L. White

Mother's Name Mary Brown.

Cause of Death: Primary Tuberculosis

Immediate Exhaustion,

How long sick 16 Months.

Accident, Suicide, Homicide

229

Reported by H.B. Mills

Address Cumberland Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Bridget O'Connor

Died at Town: Lonaconing — County: Allegany — MARYLAND

Date 189[illegible] Nov. Month 13 Day — Age Y. 72 M. D. — Native of Ireland — Occupation Housekeeper

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 4 —

~~Husband~~ Wife of John O'Conner dec

Father's Name James Langon — Mother's Name Catherine Langon

Cause of Death — Primary: Asthma 76 — How long sick: for years

Immediate: Acute Bronchitis

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr J. D. Skilling

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full — Certificate of Death

Mrs. William O'Mara

Died at — Town: Midland — County: Allegany — MARYLAND

Date 189 8 — Month: 11 — Day: 5 — Age: Y. 28 M. about D. — Native of — Occupation

~~Male~~ Female — White Colored — Married Single — Widow Widower — Divorced Number of children living

~~Husband~~ Wife of William O'Mara

Father's Name — Mother's Name 120

Cause of Death — Primary: Puerperal peritonitis — How long sick

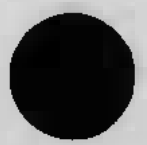
Immediate — Accident, Suicide, Homicide

Reported by Lonaconing Star

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Clyde Plunck.

Died at Town Mt Savage County Allegany MARYLAND

Date 1898 Month Nov. Day 17 Age Y. 17 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Daniel Plunck Mother's Name 1529

Cause of Death Primary Caring earth. Cancer How long sick

Immediate Accident, Suicide, Homicide

Reported by Comin Nov. 19.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Gora J Race

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Month Nov Day 18 Age Y. 6 M. D. Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Louis Race

Mother's Name Race

Cause of Death Primary Broncho Pneumonia How long sick 5 days

Immediate Accident, Suicide, Homicide

Reported by A. B. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Name in Full: Ada Eliz. Rice

Certificate of Death

Died at — Town: — County: Allegany — MARYLAND

Date 189 8 — Month 11 — Day 7 — Age Y. 22 M. — D. — Native of MD — Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Nathaniel Rice

Mother's Name: Annie Bradner

Cause of Death — Primary: Phthisis 22 a

Immediate: Hemorrhage

How long sick: 7 yrs

~~Accident, Suicide, Homicide~~

Reported by: Col. Brace, M D

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward Rice

Died at Town: Cumberland County: Allegany Co MARYLAND

Date 189 Month: Nov. Day: 16 | Age Y. 67 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Independent. Nov. 17th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Rev. Wm. Bispp

Name in Full — Certificate of Death

Larry Dallas Ritchie

Died at Town: Moscow — County: Allegany — MARYLAND

Date 1898 — Month: November — Day: 14 — Age: Y. — 3 — M. — 8 — D. — Native of: Moscow — Occupation: —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Guy Ritchie — Mother's Name: Fannie Myers

Cause of Death — Primary: Whooping Cough 7 — How long sick: 4 weeks

Immediate: Bronchitis — ~~Accident, Suicide, Homicide~~

Reported by: James A. Bullock M.D.

Address: Swanton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full Mrs Helen Virginia Robinson

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 5 Month 11 Day 7 Age Y. 25 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of William Robinson

Father's Name George Cooper Mother's Name

Cause of Death Primary 16 How long sick 7 months

Immediate Accident, Suicide, Homicide

Reported by Cumberland Courier

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Mrs Elizabeth Schneider

Died at — Town: Cumb — County: Allegany — MARYLAND

Date 189 8 — Month: 11 – 24 — Day — Age: Y. 65 – M. — D. — Native of: W Va — Occupation: –

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widowed~~ — Number of children living 6

Husband of Wife

Father's Name

Mother's Name 126

Cause of Death — Primary: Senile gangrene — How long sick: 3 months

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by C H Braee

Address Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: John A. Simmons — Certificate of Death

Died at: Town: Cumberland — County: Allegany — MARYLAND

Date 1898: Month: 11 — Day: 24 — Age: Y. 35 M. — D. — Native of: Nova — Occupation: Fireman

Male — White — Married — ~~Widower~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widow~~ — Number of children living: 1

Husband of Wife

Father's Name

Mother's Name: 74

Cause of Death: Primary: Congestion of lungs — How long sick: 9 days

Immediate

Accident, Suicide, Homicide

Reported by: C. H. Brace

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full John B. Slattery

Certificate of Death

Died at Town Cumb — County Alleg MARYLAND

Date 1898 Month 11 Day 29 | Age Y. 59 M. — D. — | Native of Va | Occupation Plumber

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 5

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Brights disease — How long sick 4 yrs

Immediate Hemorrhage — ~~Accident~~, Suicide, Homicide

Reported by C. H. Brace

Address Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full Geo. W. Spangler

Certificate of Death

Died at Town Westernport County Allegany MARYLAND

Date 189 5 Month 11 Day 6 Age Y. 70 M. D. Native of Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Cancer 25 g

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cumberland Courier

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Per. O. M. Quark

Name in Full Mrs E B Taylor

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Month Nov Day 5 Age Y. 72 M. D. Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ of John Wm Taylor

Wife

Father's Name Geo McCulloh Mother's Name

Cause of Death Primary Died suddenly How long sick

Immediate Heart disease ~~Accident, Suicide, Homicide~~

Reported by A. B. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65468

Name in Full Dru F. Thompson

Certificate of Death

Died at Town Frostburg County Alleg. MARYLAND

Date 1898 Month Nov Day 17 | Age Y. 50 M. — D. | Native of | Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 9

Husband of Wife 90

Father's Name James Thompson Mother's Name Mary Thompson

Cause of Death Primary Cirrhosis of liver | How long sick one year

Immediate Dropsy | ~~Accident, Suicide, Homicide~~

Reported by Bru Cornwall M.D.

Address Eitchart Mais Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name in Full

Sarah Viola Valentine

Certificate of Death

Died at — Town — County: Allegany — MARYLAND

Date 1898 — Month: 11 — Day: 15 — Age: Y. 0 — M. 7 — D. 2 — Native of: MD — Occupation: None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: W. H. D. Valentine

Mother's Name: Amanda Rice

Cause of Death — Primary: Spasms 49

Immediate:

How long sick: 3 hrs

Accident, Suicide, Homicide

Reported by: C. H. Brace

Address: Cumbd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm. Vandemeter

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Nov Day 17 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Broken leg 143 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Amin Nov. 19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah Willison

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 8 Month: Nov. Day: 16 | Age Y. 74 M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 3

~~Husband~~ Wife of James Willison

Father's Name

Mother's Name

Cause of Death { Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Courier. Nov 19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

Name in Full: Louisa Winterstine

Certificate of Death

Died at — Town: Cumb — County: Allegany — MARYLAND

Date 1898 — Month: 11 — Day: 15 — Age: Y. 7 — M. — D. — Native of: Md — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number~~ of children living

Husband of Wife

Father's Name: Henry Winterstein

Mother's Name

Cause of Death — Primary: Diphtheria — Immediate: Epistaxis — 8a

How long sick: 3 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: C H Brace

Address: Cumbd — Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Adeline Dewey Zinkan

Certificate of Death

Adeline Zinkan

Died at Town Frostburg County Allegany MARYLAND

Date 1898 Month Nov Day 14 Age Y. 7 M. D. Native of Frostburg Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Henry Zinkan

Mother's Name Miss Ort

Cause of Death Primary Erysipelas

Immediate Peritonitis

How long sick

Accident, Suicide, Homicide

Reported by A. B. Pace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706